## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7-13-2010</u>	Address:	1027 Denver Ave
Case #:	24F31692		Elkhart Indiana
County:	<u>Elkhart</u>		
Type of Laboratory Seizure (check one) / Seizure Location (check all that apply)			
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply)			
Yes No *If yes, fax re  This repor	er age 18 discovered (check one) (number present)  port to Child Protective Services  t is to be faxed to the following agen ment: Elkhart City FD	☐ Ephedrin ☐ Retail/Mo ☐ Other: <u>Elk</u>	
Health Dep	artment: Elkhart County HD ction Service:	Fax: (574) Fax:	<u>875-3376</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Andrew Cochran Phone 574-546-4900</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.